



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E344327**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-01745	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	07	26	2014	1609	31						0664
N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF											

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
LUNDDEN PARKWAY		BLOCK NO. <input type="checkbox"/>
		MILE POST <input type="checkbox"/>

DISTANCE		MILES	N <input type="checkbox"/>	E <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)
		FEET	S <input type="checkbox"/>	W <input type="checkbox"/>	101ST STREET NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	PAVEY	FIRST NAME	BILLY	MIDDLE INITIAL	L
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STREET NEW ADDRESS	1426 BAKER AVENUE
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CITY	EVERETT	ST	WA	ZIP	98201
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	PAVEYBL0700M	STATE	WA	SEX	M	D.O.B. MMDDYYYY	09	14	1993
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	393ZHB	STATE	WA	VIN#	JMINA3518LO1382003
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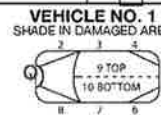
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1990	MAKE	MAZD	MODEL	MIATA	STYLE	2D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 901364119
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VEHICLE LEGALLY STOPPED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	HOHLT	FIRST NAME	JAMES	MIDDLE INITIAL	A
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STREET NEW ADDRESS	11523 28TH STREET NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	HOHLTJA326PD	STATE	WA	SEX	M	D.O.B. MMDDYYYY	10	04	1968
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE	1	INJURY CLASS	7	NATURE OF INJURIES
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RIGHT WRIST PAIN

LICENSE PLATE #	MC95290	STATE	WA	VIN#	1HD1FBM11CB680869
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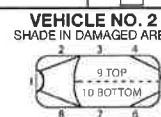
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2012	MAKE	HDMC	MODEL	FLHR10	STYLE	MC	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO X5585373
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VEHICLE LEGALLY STOPPED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E344327**

CASE # **14-01745**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

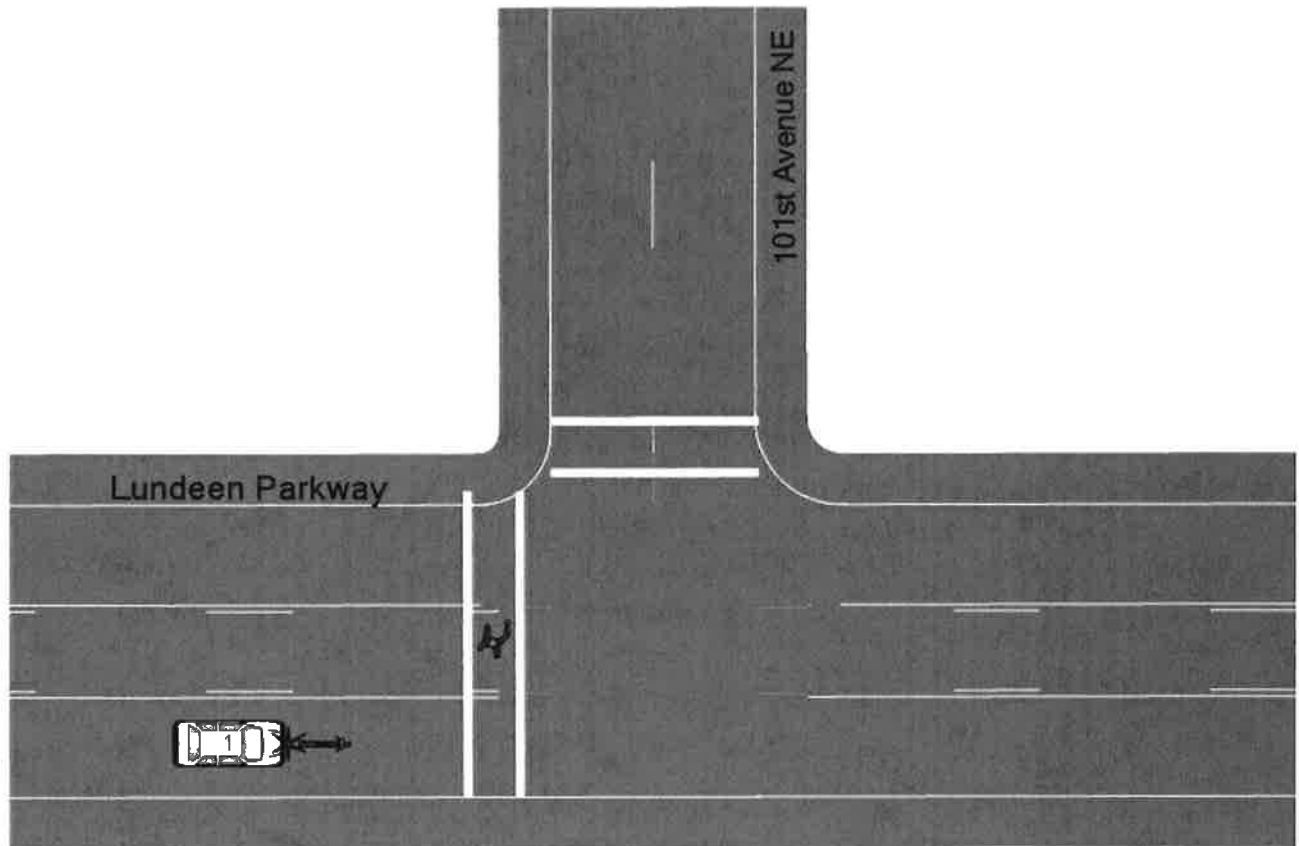
NAME (LAST, FIRST, MIDDLE INITIAL)		COOKE TEENA M																	
ADDRESS & PHONE #		800 96TH AVENUE NE #E100 LAKE STEVENS WA 98258 4255019057																	
		SEX	U	D.O.B. MMDDYYYY	07			07			1979								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		SCHMIDT CHRIS																	
ADDRESS & PHONE #		718 34TH STREET EVERETT WA 98201 4253088510																	
		SEX	U	D.O.B. MMDDYYYY	10			12			1975								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
		SEX		D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

On 07/26/2014 at about 1609 hours, I was on routine patrol and observed a motorcycle down at the intersection of 101st Avenue NE and Lundeen Parkway. The rider was being tended to by a retired EMT. It was determined that the motorcycle vehicle 2 had stopped for a pedestrian crossing in an unmarked crosswalk. The driver of vehicle 1 stated that he looked down for a moment and when he looked up vehicle 2 had stopped in the roadway. Vehicle 1 collided with the rear of vehicle 2. The driver of vehicle 2 was transported by aid. The driver of vehicle 2 did not complaint of any significant injury.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD		07-26-14 07:43 PM					
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATED	PLACE SIGNED			
APPROVED BY		DATE					
ROBERT MINER 095		7/27/2014 6:42:58 AM					
BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	4:09 PM	TIME POLICE ARRIVED	5:01 PM



CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

14-01745

VEHICLE INFORMATION

VIN

11A D115 BM 11 C B 680 869

LICENSE

MC 95290

STATE

WA

YEAR

12

MAKE

H/D

MODEL

FLORIO

MILEAGE

STYLE

M/C

COLOR

BLU

☐ Report of Sale

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI)

MOHL, JAMES A

STREET ADDRESS

11523 28th St NE

CITY, STATE, ZIP CODE

LAKE STEVENS 98258

DOB

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

DOB

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

DOB

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 6/26/14 AT 1645 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SPEEDWAY TOW

TO REMOVE THIS VEHICLE FROM 10100 Lundeen Pkwy (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

Bee Air

DOL TOW TRUCK NO.

534802

DATE

7-26-14

EQUIPMENT

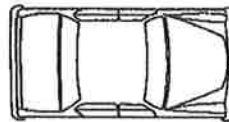
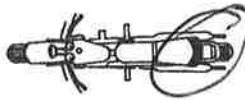
DAMAGE

EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

☐ GLOVE BOX LOCKED☒ KEYS [1]☐ AUTO STEREO☐ AUDIO TAPES / CD'S []☐ CB RADIO☐ RADAR DETECTOR☐ TRUNK LOCKED☐ SPARE TIRE☐ JACK☐ CHAINS☐ OTHER☐ FRONT

SHADE DAMAGED AREA

☐ R FRONT☐ R SIDE☒ R REAR☐ L FRONT☐ L SIDE☒ L REAR☐ REAR☐ TOP☒ UNDERCARRIAGE☐ OTHER

INVENTORY

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

NOT INVENTORIED

COLLISION DRIVER
TRANSPORTED

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X

BADGE NO.

19R1

3000-110-076 R 12/04

COUNTY, WA

SUPERVISOR

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-01745

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Schmidt, Chris</u>	RACE	ETH	SEX <u>M</u>	DOB <u>10-12-75</u>	AGE <u>38</u>	HGT	WGT	HAIR	EYES
STREET ADDRESS <u>718 34th St</u>		CITY <u>Everett</u>			STATE <u>WA</u>		ZIP <u>98201</u>		RES. STATUS	
HOME PHONE		CELL PHONE <u>425-308-8510</u>			PLACE OF EMPLOYMENT <u>Coastal Bank</u>					
WORK PHONE <u>360-434-4970</u>		EMAIL ADDRESS <u>cschmidt@coastalbank.com</u>								

I, Chris Schmidt, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

7-26-14 approx 10:00 white mazda exata had come up to the ^{cross} street walk as a Harley Davidson was waiting for folks to cross, Mazda wasn't paying attention and rear ended the guy on bike. His speed approx 15-20 mph from behind. Jim on Harley was hit and rolled off back. Reporting person prior EMT held c-spine until BLS unit took over care.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED <u>7-26-14</u>	LOCATION SIGNED <u>norms/landrum/pkwy</u>
OFFICER/NUMBER: <u>1212</u>	DATE SIGNED <u>07/26/14</u>	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-01745

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Cooke Teena Marie	RACE W	ETH	SEX F	DOB 7-7-79	AGE 35	HGT 5'3"	WGT 130	HAIR Blk	EYES Green
STREET ADDRESS 800 96 th Ave NE Unit # 200		CITY LK Stevens			STATE WA	ZIP 98288	RES. STATUS			
HOME PHONE		CELL PHONE 425-501-9057			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, Teena Cooke, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was going to cross the road in the cross walk with my three kids the motorcycle stopped and the white car behind him ran into the back of him.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Teena Cooke</u>	DATE SIGNED 7-26-14	LOCATION SIGNED LK Stevens
OFFICER/NUMBER: <u>[Signature]</u>	DATE SIGNED 07/26/14	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

17-01745

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Pavey Billy Lee	RACE W	ETH	SEX M	DOB 09/14/93	AGE 20	HGT 5'11"	WGT 207	HAIR BRN	EYES BLU
STREET ADDRESS 1426 Balara Ave		CITY Everett			STATE WA		ZIP 98201		RES. STATUS	
HOME PHONE		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I Billy looked away real fast and looked Back and The Bike was stop and I slammed on my Brakes and then Hit the Bike

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Billy Pavey</i>	DATE SIGNED: 7/23/14	LOCATION SIGNED:
OFFICER/NUMBER: <i>1345</i>	DATE SIGNED: 07/21/14	LOCATION SIGNED:

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ____ OF ____

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-01745

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) HOTALI, JAMES A	RACE W	ETH M	SEX M	DOB 10/6/64	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 11623 28TH ST NE		CITY LAKE STEVENS			STATE WA		ZIP 98028	RES. STATUS		
HOME PHONE 618-795-7171		CELL PHONE			PLACE OF EMPLOYMENT BOEING					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

STOPPED AT THE CROSSWALK FOR PEDESTRIAN AND WAS REAR ENDED BY A CAR.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE James A. Hotali	DATE SIGNED 7-26-2014	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ____ OF ____

Incident History for: #SS14014561 Xref: #AG14002125

Case Numbers: \$SS14001745

Entered 07/26/14 16:09:18 BY SPDP17 SP0368

Dispatched 07/26/14 16:09:18 BY SPDP17 SP0368

Enroute 07/26/14 16:09:18

Onscene 07/26/14 16:09:18

Closed 07/26/14 17:01:54

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1619 Map Page: 377F-5 Group: SS1 Beat: Src

Loc: 101 AV NE/LUNDEEN PARK WY , LKS (V)

Loc Info:

Name:	Addr:	Phone:
/1609 (SP0368) \$OUTSRV	, NO MORE INFORMATION	
/1609 DISPOS 19R1	#SS130 RUTHERFORD, OFCR (RICH)	
	, NO MORE INFORMATION	
/1609 ASSTER 19D1	[101/LUNDEEN]	
	#SS72 AUKERMAN, OFFICER (WAYNE)	
/1609 MISC 19R1	, RIDER DOWN IN RD, CHKING FOR INJS	
/1609 CHANGE	LOC: 101/LUNDEEN --> 101 AV NE/LUNDEEN PARK WY	
	, LKS,	
	BLK: --> SS001	
/1610 (SS95) *ASST 19S13	[101 AV NE/LUNDEEN PARK WY , LKS]	
	#SS95 MINER, SGT (ROBERT)	
/1610 (SP0368) CROSS	#AG14002125	
/1611 (***** REMINQ 19R1	393ZHB	
/1611 (SP0368) REMINQ 19R1	LIC, 19R1, 393ZHB, , ,	
/1611 ENROUT 19S13		
/1611 (***** REMINQ 19R1	393ZHB	
/1611 (SP0368) REMINQ 19R1	LIC, 19R1, 393ZHB, , ,	
/1612 (***** REMINQ 19R1	MC95290	
/1612 (SP0368) REMINQ 19R1	LIC, 19R1, MC95290, , ,	
/1613 CHGLOC 19S13	[99 AV]	
/1615 ONSCNE 19S13		
/1619 (***** REMINQ 19R1	HOHLT. JAMES. A. 10041968. .	
/1619 (SP0368) REMINQ 19R1	NAME, 19R1, HOHLT, JAMES, A, 10041968, ,	
/1619 ONSCNE 19D1		
/1619 ASSTOS 19D2	[101 AV NE/LUNDEEN PARK WY , LKS]	
	#SS115 THOR, OFFICER (ANDREW)	
/1620 MISC 19D2	, W END SHUT DOWN	
/1625 (SS130) *MISC 19R1	, VEHICLE 1 DRIVER PAVEY, BILLY L 091493, 393ZHB,	
	425 7502956, PROGRESSIVE 901364119. CURRENT ADD	
	RESS 11901 22ND ST NE LAKE STEVENS WA	
/1626 (SP0368) ROTREQ 19R1	TOW 5348 LKS SPEEDWAY TOWING INC	
	3605635630	
/1628 (SS130) *MISC 19R1	, VEH 2. SAFECO X5585373, MC95290.	
/1629 (SP0368) MISC 19R1	, SPEEDWAY TOW ER	
/1629 ASNCAS 19R1	\$SS14001745	
/1630 CLEAR 19D2		
/1638 MISC 19R1	, SPEEDWAY ADV ETA 5-10 MIN	
/1639 CLEAR 19S13		
/1653 (SS72) CLEAR 19D1		
/1701 (SP0368) CLEAR 19R1	D/H	
/1701 CLOSE 19R1		













LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Rutherford #130</i>		Case Number <i>14-01745</i>	
Type of Crime: felony / Misdemeanor (Circle) 		Type of Case: <i>COLLISION</i>		Date/Time: <i>07-26-14</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			
Item # <i>1</i>	Item <i>CD</i>	Brand Name <i>COMPRESSORCH</i>	Storage Location		Disposition
Action # <i>3</i>	Brand/Model/Caliber (Further Description)				
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address	City	State	Zip
					Phone # <i>#130</i>
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name	Storage Location		Disposition
	Brand/Model/Caliber (Further Description)				
Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address	City	State	Zip
					Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name	Storage Location		Disposition
	Brand/Model/Caliber (Further Description)				
Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address	City	State	Zip
					Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name	Storage Location		Disposition
	Brand/Model/Caliber (Further Description)				
Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address	City	State	Zip
					Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name	Storage Location		Disposition
	Brand/Model/Caliber (Further Description)				
Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address	City	State	Zip
					Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Evidence Control Use Only:					
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File